

October 29, 2007

Update for the Communicable Diseases and Infestations Rulemaking (9 A.A.C. Chapter 6, Articles 1, 2, and 3)

The Department is revising the communicable diseases and infestations rules in Chapter 6, including:

- Article 1, containing definitions of terms used in more than one Article in Chapter 6;
- Article 2, containing the rules regarding the reporting of information about communicable diseases and infestations; and
- Article 3, containing the rules specifying control measures for reportable communicable diseases and infestations.

In August, individuals and professional groups with a possible interest in the rulemaking were informed that a draft of Articles 1 through 3 was posted on the Department's website and available for informal public comment. The Department received several positive comments about the draft rules and a few suggested changes. Based on the comments received, the Department has revised the draft rules and has posted the revised draft rules on the Department's website.

The changes in the revised draft rules include:

- Adding new definitions for "airborne precautions," "contact precautions," and "droplet precautions" and using the terms where appropriate throughout the text;
- Revising the definition of "health care provider" and adding the new definition of "health care provider required to report," with replacement of the new term where applicable throughout the text;
- Defining and using the term "health education";
- Removing the subsection regarding reporting of HIV infection included in the previous draft rules as R9-6-202(C), and subsequent re-lettering of the following subsections;
- Revising R9-6-202(C)(6) and R9-6-375 to better address congenital syphilis cases and syphilis outbreaks;
- Adding *Burkholderia mallei* and *pseudomallei* to the reporting requirements for clinical laboratories;
- Adding Table 4 to summarize the reporting requirements for local health agencies, for the benefit of the local health agencies;
- Making minor changes/deletions to information that local health agencies are required to report;
- Making formatting changes to some Sections in Article 3 and including a reference to Table 4;
- Making some diseases reportable in one working day, rather than within 24 hours of receiving a report;
- Adding Sections in Article 3 for "Influenza-associated mortality in a child" and "Streptococcal Group B infection in an infant younger than 90 days of age," both of which were already reportable, and for "Meliodiosis," which is a new reportable disease;
- Revising the isolation requirements for a congenital rubella syndrome case to be instituted by the diagnosing health care provider; and
- Better clarifying the control requirements for TB, and changing the references to the TB-specific Article from Chapter 6, Article 6 to Chapter 6, Article 12, since the TB-specific Article is in the process of being recodified.

Sections within Article 3 refer to requirements in Articles 10 and 11. Revised drafts of Article 10 (for HIV-related testing and notification) and Article 11 (for STD-related testing and notification) are available under the Phase 1 rulemaking for court-ordered testing for communicable diseases.

Stakeholders can communicate their comments, issues, and concerns about the revised draft rules **before November 9, 2007**, to Ruthann Smejkal, Rules Analyst for the Department, by e-mail at smejkar@azdhs.gov, by phone at 602-364-1230, or by fax at 602-364-1150.